

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning

, 2005, ending

, 20

OMB. No. 1545-0074

## Label

(See instructions on page 16.)

## Use the IRS label.

Otherwise, please print or type.

L  
A  
B  
E  
L  
  
H  
O  
U  
S  
E

Your first name and initial

Last name

TEST C

ACAPPELLA

If a joint return, spouse's first name and initial

Last name

Your social security number

400-00-5207

Spouse's social security number

400-00-2009

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

4 QUARTET CTR

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

## Presidential

BONANZA

UT 84008

## Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

X You Spouse

## Filing Status

Check only one box.

1  
2  
3

Single

Married filing jointly (even if only one had income)

X Married filing separately. Enter spouse's SSN above and full name here.

DUET ACAPPELLA

4

Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

5

Qualifying widow(er) with dependent child (see page 18)

## Exemptions

6 a X Yourself. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b 1

b Spouse

No. of children on 6c who:

## c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Check if qualifying child for child tax credit (see pg 19)

FORTISSIMO ARIA

400-55-3007

DAUGHTER

X

lived with you  
did not live with you due to divorce or separation (see page 20) 1

Dependents on 6c not entered above

Add numbers on lines above

2

d Total number of exemptions claimed

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

26,250

8 a Taxable interest. Attach Schedule B if required

8a

b Tax-exempt interest. Do not include on line 8a

8b

9 a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends (see page 23)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

13

14 Other gains or (losses). Attach Form 4797

14

15 a IRA distributions

15a

b Taxable amount (see page 25)

15b

16 a Pensions and annuities

16a

b Taxable amount (see page 25)

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

15,000

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20 a Social security benefits

20a

b Taxable amount (see page 27)

20b

21 Other income.

21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

22

41,250

## Adjusted Gross Income

23 Educator expenses (see page 29)

23

250

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 One-half of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction (see page 30)

29

30 Penalty on early withdrawal of savings

30

31 a Alimony paid b Recipient's SSN

31

32 IRA deduction (see page 31)

32

33 Student loan interest deduction (see page 33)

33

34 Tuition and fees deduction (see page 34)

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 31a and 32 through 35

36

250

37 Subtract line 36 from line 22. This is your adjusted gross income

37

41,000

**Tax and Credits****Standard Deduction for—**

● People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.

● All others:  
Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	41,000
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 36 & check here <b>39b</b> <input checked="" type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	3,000
41	Subtract line 40 from line 38	41	38,000
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	6,400
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	31,600
44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	4,571
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	4,571
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 41). Attach Form 8901 if required	52	1,000
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	1,000
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	3,571

**Other Taxes**

58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	3,571

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1,200
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <b>66b</b>		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	1,200

**Refund**

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you	73a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
74	Amount of line 72 you want applied to your 2006 estimated tax	74	

**Amount You Owe**

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	2,435
76	Estimated tax penalty (see page 60)	76	64

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☒ Yes. Complete the following. ☐ No

Designee's name	Phone no.	Personal identification number (PIN)
JOSEPH STANDISH	801-555-4321	54312

**Sign Here**

Joint return? See page 17.  
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		TEACHER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	801-555-5207

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.

**2005****TC-40**

Rev. 12/05

Fiscal Year

40051

1024

Utah State Income Tax Dollars Fund Education

Amended Return

**Utah Individual Income Tax Return**

X if deceased

Your Social Security No.

400005207

TEST C

DUET

4 QUARTET CTR

ACAPPELLA

ACAPPELLA

8015555207

Spouse's Soc. Sec. No.

400002009

BONANZA

UT

84008

1 Filing Status - enter code	2 Exemptions - enter number	3 Election Campaign Fund - enter code
<input type="radio"/> D <b>A</b> = Single <b>B</b> = Head of Household <b>C</b> = Married filing jointly <b>D</b> = Married filing separately <b>E</b> = Qualifying widow(er)	<input type="radio"/> a 1 Yourself <input type="radio"/> b Spouse <input type="radio"/> c 1 Dependents <input type="radio"/> d Disabled - see Utah instr. <input type="radio"/> e 2 <b>Total exemptions</b> (add a through d)	<b>C</b> = Constitution Yourself <input type="radio"/> Spouse <input type="radio"/> <b>D</b> = Democrat <input type="radio"/> D <input type="radio"/> <b>G</b> = Green <b>L</b> = Libertarian <b>P</b> = Personal Choice Entering a code does <b>R</b> = Republican not increase your tax <b>N</b> = No contribution or reduce your refund

4 Federal adjusted gross income from federal return ☐ 4 41000.5 State income tax deducted as an itemized deduction on federal form 1040, Schedule A, line 5 ☐ 5 1700.

6 Additions to income from form TC-40S, Part 1 6 211.

7 **Total adjusted income** (add lines 4 through 6) 7 42911.8 Standard or itemized deduction ☐ 8 3000.9 Personal exemptions deduction. Multiply \$2,400 by line 2e ☐ 9 4800.10 One-half of the federal tax ☐ 10 1786.11 State tax refund included on line 10 of federal form 1040 ☐ 1112 Retirement exemption/deduction - use TC-40B ☐ 12  
Enter X if age 65 or older ☐ Taxpayer ☐ Spouse

13 Other deductions from form TC-40S, Part 2 13 3500.

14 **Total deductions** (add lines 8 through 13) 14 13086.15 **Utah 2005 taxable income** (subtract line 14 from line 7) If less than zero, enter zero. ☐ 15 29825.16 CALCULATE INCOME TAX ☐ 16b 1967.  
☐ 16a Qualified taxpayers Amount from worksheet

17 FOR NON OR PART-YEAR RESIDENTS ONLY - Attach form TC-40C

Nonresident - home state:

Part-year resident from

to

Enter information below from Utah form TC-40C (divide Box a by Box b to get a ration (decimal) for Box c)

Non or part-year residents

Box a - from Column A, line 32

Box b - from Column B, line 32

Box c - Utah income tax ratio

(Line 16b x Box c)

☐

/

☐

=

☐ 17

Taxpayer's last name

# ACAPPELLA

Taxpayer's soc. sec. no.

400-00-5207

18 Enter tax (full-year resident, enter tax from line 16b - non or part-year resident, enter tax from line 17) 18 1967.

19 Nonrefundable credits from form TC-40S, Part 3	19	50.
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20 Subtract line 19 from line 18 (Note: if line 19 is greater than or equal to line 18, enter zero) 20 1917.

21 Contributions - add lines 21a through 21f and enter total contributions on line 21

Sch/Tech

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Amount</u>	<u>Code</u>
01	Utah Nongame Wildlife Fund	● 21a	06	4 59
02	Pamela Atkinson Homeless Trust Fund	● 21b		
03	Kurt Oscarson Children's Organ Transplant Fund	● 21c		
05	School District & Nonprofit School District Foundation	● 21d		
06	Utah College of Applied Technology	● 21e		
07	Uniform School Fund	● 21f		21 4 .
08	Wolf Depredation Fund			

22 AMENDED RETURNS ONLY - previous refund ● 22

23 Tax from recapture of credits ● 23

24 Utah use tax	● 24	12.
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<b>25</b>	<b>Total tax, use tax and additions to tax</b> (add lines 20 through 24)	<b>25</b>	<b>1933.</b>
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26 UTAH TAX WITHHELD (must attach W-2s and/or 1099 forms) • 26 1600.

27	Credit for Utah income taxes prepaid	• 27	100.
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28 AMENDED RETURNS ONLY - previous payments ● 28

29 Refundable credits from form TC-40S, Part 4 29

<b>30 Total</b> (add lines 26 through 29)	<b>30</b>	<b>1700.</b>
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**31 Tax Due** - if line 25 is greater than line 30, subtract line 30 from line 25. This is the amount you owe. **TAX DUE** • 31 **233.**

**32 Refund** - if line 30 is greater than line 25, subtract line 25 from line 30. This is your refund. **REFUND** • 32

33 Enter the amount of refund you want applied to your 2006 taxes. Your refund will be reduced by this amount. ● 33

**34 DIRECT DEPOSIT YOUR REFUND.** Complete information below.

- Routing number
- Account number
- Account type - C or S

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules reflect my true tax status.

SIGN HERE	Your signature	Date	Spouse's signature	Date

Third Party Designee	Name of designee (if any) you authorize to discuss this return <b>JOSEPH STANDISH</b>	Designee's telephone number <b>8015554321</b>	Designee PIN	<div> <div>54312</div> <div></div> <div></div> </div>
Paid Preparer's Section	Preparer's signature	Preparer's telephone number	Preparer's SSN/PTIN	
	Firm's name and address		Preparer's EIN	



40053

## Income Tax Supplemental Schedule

DRAKE SOFTWARE

TC-40S Rev. 12/05

Taxpayer's last name

ACAPPELLA

Taxpayer's soc. sec. no.

400-00-5207

**Part 1 - Additions to Income** (write the code and amount of each addition to income, see pages 5 and 6)

		• 57	211.
<b>Code</b>	<b>Code</b>		
51 Lump sum distribution	56 Child's income excluded from parent's return	•	
52 State taxes allocated from estate/trust	57 Municipal bond interest	•	
53 Medical Savings Account (MSA)	60 Untaxed Income of a resident trust	•	
54 Utah Educational Savings Plan (UESP)	61 Untaxed Income of a nonresident trust	•	
55 Reimbursed adoption expenses		•	
<b>Total additions to income</b> (add all additions to income and enter total here and on TC-40, line 6)			211.

**Part 2 - Other Deductions** (write the code and amount of each other deduction, see pages 7 through 9)

		• 77	3500.
<b>Code</b>	<b>Code</b>		
71 Interest from U.S. Government Obligations	78 Railroad retirement income	•	
72 Medical Savings Account (MSA)	79 Equitable adjustments - attach explanation	•	
73 Utah Educational Savings Plan (UESP)	81 Gains on capital transactions	•	
74 Health care insurance premiums	82 Nonresident active duty military pay	•	
75 Long-term care insurance premiums	83 National Guard/Reserve military pay	•	
76 Adoption expenses		•	
77 Native American income:		•	
Enrollment Number & Tribe - Primary 967700112 3	Secondary	•	
<b>Total other deductions</b> (add all other deductions and enter total here and on TC-40, line 13)			3500.

**Part 3 - Nonrefundable Credits** (write the code and amount of each nonrefundable credit, see pages 10 through 12)

		• 05	50.
<b>Code</b>	<b>Code</b>		
01 At-home parent	09 Hiring disabled	•	
02 Qualified sheltered workshop - enter name below	10 Recycling market	•	
	11 Tutoring disabled	•	
03 Renewable energy systems	12 Research activities	•	
05 Clean fuel vehicle	13 Research machinery/equipment	•	
06 Historic preservation	17 Tax paid to another state (attach TC-40A)	•	
07 Enterprise zone	19 Live organ donation expenses	•	
08 Low-income housing		•	
<b>Total nonrefundable credits</b> (add all nonrefundable credits and enter total here and on TC-40, line 19)			50.

**Part 4 - Refundable Credits** (write the code and amount of each refundable credit, see pages 14 through 15)

		•	
<b>Code</b>	<b>Code</b>		
40 Targeted business tax credit	46 Mineral production withholding	•	
41 Special needs adoption credit	47 Agricultural off-highway gas/undyed diesel	•	
43 Nonresident shareholder's withholding	48 Farm operation hand tools	•	
FEIN -		•	
		•	
		•	
		•	
<b>Total refundable credits</b> (add all refundable credits and enter total here and on TC-40, line 29)			



